

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/463586	FILING DATE
							APPLICANT(S)	
1-25-00 9-21-01 CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2		1		1		1	52	
3		①		1		1	53	
4		1		1		1	54	
5		1		1		1	55	
6		1		1		1	56	
7		1		1		1	57	
8		1		1		1	58	
9		1		1		1	59	
10		1		1		1	60	
11		1		1		1	61	
12		1		1		1	62	
13		①		1		1	63	
14		①		1		1	64	
15		1		1		1	65	
16		1		1		1	66	
17		1		1		1	67	
18		1		1		1	68	
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48							98	
49							99	
50							100	
T TAL IND.		↓	1	↓	5	↓	T TAL IND.	
T TAL DEP.		↓	17	↓	13	↓	TOTAL DEP.	
T TAL CLAIMS			18		18		T TAL CLAIMS	

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 09/463,586		Filing Date		
							Applicant(s)				
1-10-05							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1										
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3		1									
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Total Indep	5										
Total Depend	14										
Total Claims	19										
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Total Indep											
Total Depend											
Total Claims											

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